A GUIDE FOR

Communities to Enact Health-Promoting Policies

Health *Our Choice* For Life

B.C. Ministry of Health
Office of Health Promotion
in collaboration with
Social Planning and Research Council of B.C. (SPARC)
1991

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Linda Brigden
Barry Burch
Diane Cote
Jane Crickmore
Bonnie Daudlin-Crosina
Michael Egilson
Bob Fenske
Duane Geddes
Joy Gilmore
Tom Grady
Tim Halpin
Judy Higginbotham
Kay Johnston
Geoff Koganow
Allan Lamb
Bill Mercer
Geoff Metcalfe
Tudi Pearce
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There were more stories about communities successful at introducing health-promoting policies than we were able to include in this guide. We would also like to thank those individuals who shared the stories that are still waiting to be written.

Sandra Morris
Senior Researcher/Writer

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A FEW DEFINITIONS

HEALTH is...

THE EXTENT TO WHICH AN INDIVIDUAL OR GROUP IS ABLE TO REALIZE ASPIRATIONS AND SATISFY NEEDS AND TO CHANGE OR COPE WITH THE ENVIRONMENT. HEALTH IS THEREFORE SEEN AS A RESOURCE FOR EVERYDAY LIFE, NOT THE OBJECTIVE OF LIVING.

Definition of the World Health Organization. Health Promotion: A Discussion Document on the Concept and Principles (Copenhagen: WHO Regional Office for Europe, 1984).

HEALTH PROMOTION is...

THE PROCESS OF ENABLING INDIVIDUALS AND COMMUNITIES TO INCREASE CONTROL OVER AND IMPROVE THEIR HEALTH.

HEALTH-PROMOTING POLICY is...

POLICY DEVELOPED BY ANY SECTOR WHICH ENSURES PARTICIPATION AND PROMOTES THE HEALTH OF AFFECTED CONSTITUENTS.

HEALTHY PUBLIC POLICY is...

POLICY ENACTED BY THE VARIOUS LEVELS OF GOVERNMENT THAT IS CHARACTERIZED BY EXPLICIT CONCERN FOR HEALTH AND EQUITY, AND BY ACCOUNTABILITY FOR HEALTH IMPACT.

Healthy public policy is the subset of health-promoting policy developed by government.

INTRODUCTION

WHO IS THIS GUIDE FOR?

This guide was written for municipal councils, planning staff, citizens, businesses, community groups, volunteers, school boards, union boards of health, health professionals, in fact, anyone interested in improving the health of their communities. The purpose of this guide is to assist them in making policies that promote healthy living for community residents.

WHY ARE WE INTERESTED IN HEALTH-PROMOTING POLICIES?

"Many would be surprised that the greatest contribution to the health of the nation over the past 150 years was made, not by doctors or hospitals, but by local government. Our lack of appreciation of the role of our cities in establishing the health of the nation is largely due to the fact that so little has been written about it".

Dr. Jessie Parfit, The Health of a City: Oxford 1770-1974

One of the most significant contributions to the health of the nation was the development of water and sewer systems, ensuring clean drinking water and discouraging the spread of contagious diseases. Since then, there have been other initiatives by various levels of government. Seat-belt legislation has been effective at reducing the high trauma and death rates associated with traffic accidents. Municipal smoking bylaws protect non-smokers from inhaling second-hand smoke (a known health risk) and influence smokers to smoke less. Because traffic accidents and smoking are major causes of death and disability, even small decreases in their occurrence will have a significant impact on our health care system and the lives of thousands of individuals.

Public policies can have a powerful impact on health. Healthy public policy at the municipal, provincial, and federal government levels has a great potential to improve the health of the population.

WHO DEVELOPED THIS GUIDE?

This guide was developed by the Office of Health Promotion in the B.C. Ministry of Health in collaboration with the Social Planning and Research Council of B.C. (SPARC). Both organizations have a particular interest in assisting communities in promoting the health of their residents:

- ☐ The Ministry of Health created the Office of Health Promotion in 1989 because it recognized that our health is strongly connected to the community in which we live, work, and play. The Office of Health Promotion acts as a resource to encourage the development of healthy communities through networking, legislation, policy coordination, and community support. It also provides funding to communities through the Healthy Communities Initiative Fund.

- ☐ SPARC, a voluntary non-profit society, has a 25 year history in analyzing social and economic issues and in supporting social development throughout the province.

THE POLICY-MAKING PROCESS

WHY SHOULD WE BE INTERESTED IN THE POLICY-MAKING PROCESS?

Everyone has a stake in promoting the health of community residents. Everyone can be involved in influencing the development of health-promoting policy. If we want to influence policy, we need to learn about the policy-making process.

OTHER GUIDES

Many guides have been written providing step-by-step information on how to influence public policy. (See Appendix 1 for a list of helpful guides).

OUR APPROACH

We canvassed stories about various communities in B.C. that have recently adopted health-promoting policies. For the purposes of this guide, we interpreted "policy" as a decision or action by an organization that affects how things are done. The decision or action may be in the form of a bylaw or a regulation passed by a municipal council. It may be funding or other resources (e.g., space) provided by a municipal council. Or it may be an action undertaken or funding provided by another organization, such as the School Board or Board of Health.

We wanted to find out whether there were any commonalities amongst communities that have been successful in making policy changes to promote the health of their residents. We discovered that there were several elements common to these communities.

On the following pages, we will describe these elements, and then present case studies from five B.C. communities that have been successful at adopting health-promoting policies.

COMPONENTS OF SUCCESSFUL POLICY-MAKING

Communities are more likely to be successful at introducing health-promoting policies if certain elements are in place. We have chosen to refer to these elements as "components", rather than "steps", in an effort to de-emphasize the importance of the time sequence in which they occur.

In describing the components of successful policy-making, we offer a word of caution. Influencing policy is not a neat and precise process. It is often messy, and any attempt to describe the process inevitably over-simplifies it. Remember — no two communities are alike, and what worked in Williams Lake may not work in Kamloops.

THE COMPONENTS

THE CHAMPION OF THE CAUSE

Communities successful in introducing health-promoting policies often had one person who championed the cause. An individual perceived a problem, recognized that something had to be done, and realized, often reluctantly, that he or she was the most likely person to start the process. The champion may be a community resident, a municipal politician, or a staff member in the health department or other local agency. The champion assumes responsibility for solving the problem and initiates action. If the champion is a community resident, he or she may start with personal action (e.g., a letter to the editor) but, at some point, it becomes important to assemble a team. The energy, commitment, and perseverance of the champion cannot be over-emphasized.

THE WORKING GROUP

The champion will need the support and assistance of a working group. A group that already exists for a related purpose may adopt the cause of the champion. Or the champion may recruit a new group (sometimes by advertising in the local newspaper) specifically to work on the issue. Like the champion, members of the working group must be dedicated and prepared to commit time and energy to solving the problem.

Successful working groups have a strong sense of their mission, are well organized, and are democratic. They ensure that everyone affected by the issue is involved. They ask:

WHO IS NOT HERE WHO SHOULD BE? HAVE WE OVERLOOKED ANYONE?

They can resolve internal conflict, listen to one another, and are open to change in the roles and responsibilities of members as the work evolves.

DOING THE HOMEWORK

Some groups may want to move quickly to a solution without a comprehensive understanding of the issue. This can jeopardize success. It is important to get the facts straight, in order to ensure the group's credibility. It is also important to present the facts in ways that are meaningful to different groups of people. When the group is ready to propose solutions, they should be stated as measurable goals, and any policy implications for the municipal council should be made explicit. Concerns should be directed to the appropriate jurisdiction. Finally, members of the group will need to find out who their allies are, who may oppose them, and who they need to bring on board.

A COLLABORATIVE APPROACH

Working groups that are successful avoid laying blame. Instead, they focus on the issue and recognize the importance of working with various community groups, local politicians, industry, unions, and other stakeholders. They avoid alienating other parties and are open to feedback and suggestions. They are team builders. They propose solutions.

THE POLITICIANS

If our goal is to influence policy, at some point we must ensure the involvement of the local politicians. In many communities, the champion may be a local politician. The champion and the working group might enlist the support of a council member who will be effective in influencing the rest of the municipal council. Council members are more likely to back a position that has demonstrated support from their staff, opinion leaders, and the community-at-large.

THE PUBLIC SERVICE STAFF

Obtaining the support of a local planner, engineer, medical health officer, public health nurse, social worker, or other municipal staff member will help to expand the team. Their expertise in specific areas may help the group to clarify the issue, set achievable goals, outline the policy implications, and calculate funding needs. They will also be important allies in convincing the local council members of the importance of the issue.

OPINION LEADERS

In every community there are certain individuals whose opinions are respected by others. They may be leaders of community organizations or they may not have a formal role. They usually have a reputation for doing things that are good for the community. It is always a good strategy for the champion and the working group to get the support of opinion leaders for the proposed policy or project. The "stamp of approval" from these key people legitimizes the cause and can make the difference between success and failure.

THE MEDIA

The media acts as a powerful opinion leader in the community, clarifying local issues and influencing opinion. It is important to involve the local media as a partner early in the process.

THE COMMUNITY-AT-LARGE

The ultimate legitimizers of any idea are the people who make up the community-at-large. The endorsement of opinion leaders will influence the larger community. Spreading the word can be done through public meetings, pamphlets, posters, and the local newspaper. It is important that information be presented in a way that is meaningful to the target audience.

EXTERNAL ELEMENTS

The champion, working group, or other members of the team may have minimal control over certain external elements. However, the presence or absence of these elements may significantly affect the outcome. For instance, the mood or readiness for change of community residents must be considered. For example, policies directed towards cleaning up the environment are much more likely to be supported today than they were twenty years ago. At that time, concern for the environment was a fringe movement; today it is mainstream.

Timing is also a critical factor. An upcoming local or provincial election may work for or against a particular interest. In addition, policy changes introduced at the provincial or federal government levels, as well as in other institutions, may further or hinder the cause. Finally, the state of the local and provincial economies will affect tax revenues and the ability of governments to support policies with funding implications.

TAKING STOCK

Burn-out can be a real problem for all members of the team. At some point, the group will need to assess the workload, shift responsibilities, and invite new people to join the team. Expect set-backs, but do not let them deter you -- learn from them. While it requires a tremendous amount of hard work and dedication to make a change in your community, those who have done it always find it a rewarding experience. A sense of humour and some personal support are essential elements for all team members.

CASE STUDIES

On the following pages we present case studies of communities in B.C. that have adopted health-promoting policies. We not only describe the outcome (i.e., the policy), but include a description of the policy-making **process**. The process is described within a framework outlined in a pamphlet developed by the Office of Health Promotion on how to create healthy communities (see Figure 1 and Table 1). The description of the process is annotated to point out, where applicable, the **components of successful policy-making** outlined in the previous section.

We have included examples of large and small communities, urban and rural communities, and communities from different parts of the province.

For the purposes of this guide, we have identified four issues or policy areas:

- ☐ Smoking Bylaws
- ☐ Alcohol Use/Abuse
- ☐ The Environment
- ☐ Traffic Safety/Accident Prevention

If you would like more information about any of the following case studies, you may wish to contact one of the resource people listed at the end of each story. These individuals have agreed to make themselves available to answer your questions.

FIGURE 1

HEALTH PROMOTION
THE PROCESS IN ACTION

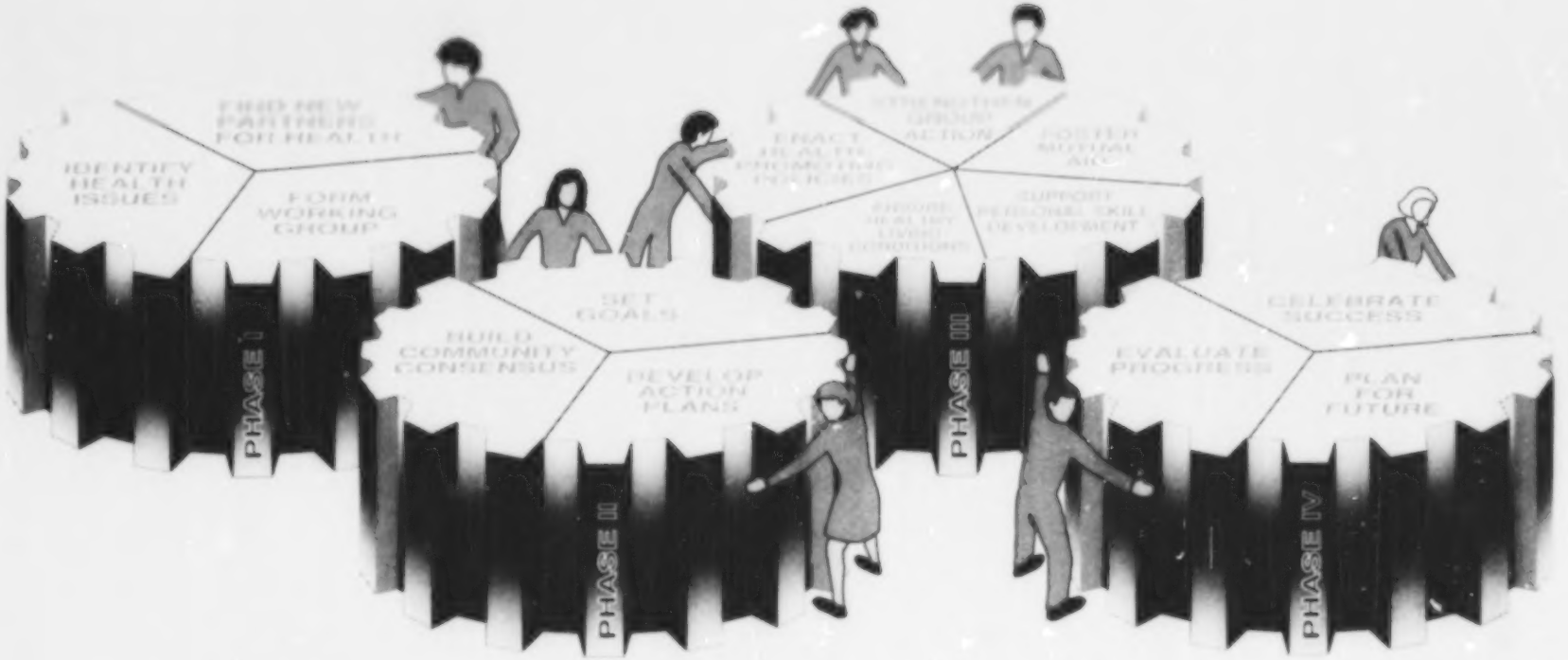


TABLE 1
HEALTH PROMOTION: THE PROCESS IN ACTION

PHASE I: GET STARTED

- ☐ What are the health issues in your community — survey, discuss, meet, check data.
- ☐ Find "new partners for health" — others who share your concerns.
- ☐ Form a working group.
- ☐ Get everyone involved!

PHASE II: BROADEN SUPPORT

- ☐ Take the health issues back to the community to broaden consensus — meet, discuss, advertise, widen the circle.
- ☐ Choose your priority health goals.
- ☐ Help target group(s) develop action plans
- ☐ Get everyone involved!

PHASE III: MAKE A DIFFERENCE

- ☐ Create policies that support better health.
- ☐ Help groups work together effectively.
- ☐ Build social support networks.
- ☐ Help individuals increase control over their own health.
- ☐ Ensure healthy living conditions — food, shelter, education, security.
- ☐ Get everyone involved!

PHASE IV: RENEW

- ☐ Check progress towards your health goals.
- ☐ Celebrate your successes.
- ☐ Plan for the future.
- ☐ Get everyone involved!

WILLIAMS LAKE

A STORY ABOUT HEALTHY PUBLIC POLICY AND HEALTH-PROMOTING POLICY

This is the story of how the community of Williams Lake solved its flyash problem.

IDENTIFY THE HEALTH ISSUE

The major industries in Williams Lake are sawmill operations. For many years, the community had a severe air quality problem caused by smoke and flyash emitted by the five beehive burners used by the sawmills to burn woodwaste (sawdust, shavings, and woodchips). Over the years, residents had sporadically complained about the flyash problem, but nothing was done until Roger Venables, a local resident, decided enough was enough.

FIND NEW PARTNERS FOR HEALTH

The Flyash Abatement Committee had its roots in another working group, which had come together to fight against the location of a chemical plant in Williams Lake. (The group was successful in dissuading the chemical plant from locating in the community). Roger Venables contacted the group to see if it would be interested in taking on the flyash problem, which led to the creation of the Flyash Abatement Committee.

COMPONENTS OF SUCCESSFUL POLICY-MAKING

The champion of the cause, a local resident, identifies the issue.

The working group evolved from an existing group concerned with another environmental issue.

FORM A WORKING GROUP

The working group was dedicated — it took a lot of time and energy to solve the problem.

The Flyash Abatement Committee, chaired by Roger Venables, grew to about twelve members. They met about once a month over a two-year period.

They did their homework — the issue was clarified and supported by hard data.

Within two weeks of its first meeting, the Flyash Abatement Committee had prepared a position paper, supported by data collected by the Ministry of Environment, describing the extent of the problem. It confirmed that the sawmills were not complying with standards established by the Ministry of Environment.

BUILD COMMUNITY CONSENSUS

External Element:
The sawmills were the major employer in the community.

The Flyash Abatement Committee members quickly realized if they were to be successful, they would have to get the local politicians on board. Committee members also realized that they were more likely to convince the local politicians to take action if they could demonstrate significant community support. They were sensitive to the fact that the Williams Lake economy depended on the sawmills, and that any solution would require the cooperation of these mills.

They were interested in a collaborative approach. They wanted to build a team that would cooperate and work together.

The Committee began by contacting local service clubs and community organizations, and arranging to make presentations at their regular meetings. In these presentations, the Flyash Abatement Committee described the effects of flyash on the health of local residents, including an increase in respiratory problems such as asthma. They also discussed the negative impact on the

quality of life caused by the unnecessary smoke and nuisance factor of the flyash.

One of the tactics used by Roger Venables was particularly effective. Roger would regularly sweep the flyash off his driveway and save it in large green garbage bags, which he then took to the presentations. He converted the data provided by the Ministry of Environment on the amount of flyash emitted by the sawmills to the number of green garbage bags of flyash per residential lot per year.

Information was presented in a manner that was meaningful to a non-technical audience.

Using this approach, the Committee was able to obtain the support of many local community organizations. These included the Registered Nurses Association, University Women's Club, Cariboo Tourist Association, Rod and Gun Club, Child Development Centre, South Cariboo Labour Council, Homemakers' Service, Fall Fair Committee, Cariboo Potters Guild, East Indian Workers Association, Tennis Club, Allergy Support Group, the School District, and Cariboo Memorial Hospital.

A large number of opinion leaders were important allies.

In addition, the Williams Lake Tribune interviewed Roger Venables several times and published articles about the flyash problem and the work of the Flyash Abatement Committee.

The local newspaper was used to clarify the issue and educate the public.

SET GOALS

Opinion leaders gave concrete support by signing a petition.

The Committee sent a petition to the Municipal Council requesting it to address the issue of smoke and flyash in the community. One alderman, Ray Woods, was particularly supportive of the cause and he chose to run for Mayor on the platform that he would solve the flyash problem. In the fall of 1987, Ray Woods was elected mayor by a significant margin.

DEVELOP ACTION PLANS

The politicians took on the responsibility of solving the problem, and directed their concerns to the appropriate jurisdiction.

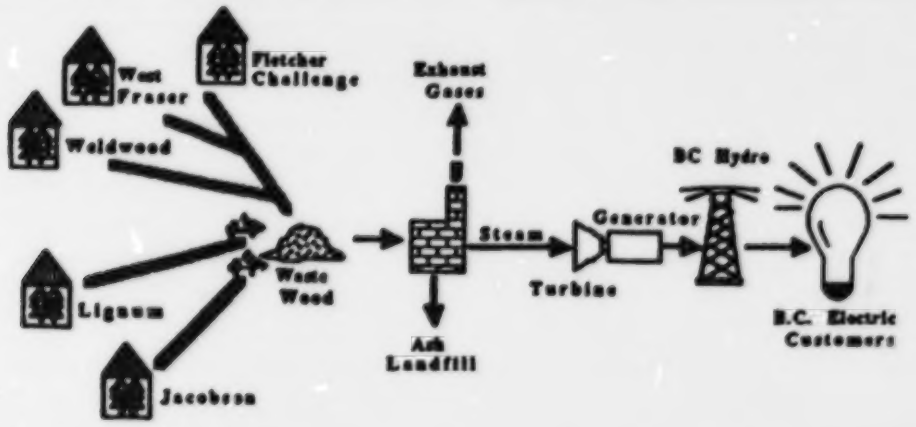
Mayor Woods led the Williams Lake City Council in requesting assistance from the Minister of Environment in solving the flyash problem. The Minister instructed his staff to investigate and make recommendations. The Ministry study recommended:

- ☐ in the long term, that electrical production from woodwaste be pursued vigorously.
- ☐ in the short term, that the Minister of the Environment ensure that all woodwaste burners meet strict controls and standards.

The homework continued. The team checked out possible solutions used elsewhere.

Following the Ministry report, representatives from City Council, the Ministry of Environment, and the Flyash Abatement Committee visited the Kettle Falls power generation station in Washington state. This type of co-generation plant was a possible solution for the flyash problem in Williams Lake.

FIGURE 2
THE CO-GENERATION SYSTEM IN WILLIAMS LAKE: THIS IS HOW IT WILL WORK



ENACT HEALTH-PROMOTING POLICIES

Upon receiving the report of the trip to Kettle Falls, the City Council voted to:

- ☐ request the Ministry of Environment to fund a study to determine whether construction of a co-generation plant using woodwaste was feasible.
- ☐ actively encourage potential investors to use the woodwaste.
- ☐ encourage B.C. Hydro to change its policy regarding the purchase of electrical power from private companies.
- ☐ request the Minister of Environment to set strict burning standards and monitor air quality consistently.

Solutions were articulated as policies or actions of the municipal council.

- ☐ lobby the provincial cabinet to support environmental premiums enabling B.C. Hydro to purchase the power generated by the co-generation plant at a competitive price. Environmental premiums are dollars paid by the provincial government to B.C. Hydro equivalent to the difference between the cost of power from the co-generation plant and the cost of power from a traditional source.

The City Council's actions resulted in the following outcomes:

External Element:
Values are changing and air pollution is no longer acceptable. The sawmills wanted to be good corporate citizens.

- ☐ The Ministry of Environment funded a feasibility study, in which it was concluded that a sixty megawatt co-generation plant was feasible.
- ☐ The major sawmills cooperated fully and upgraded their beehive burners to meet the environmental standards.
- ☐ B.C. Hydro changed its policy regarding the purchase of power from independent producers.
- ☐ The environmental premium was adopted by the provincial government and agreed to by B.C. Hydro.

External Element:
Many people in the province are concerned about the environment and would not support another B.C. Hydro mega-project. Power generated by smaller scale projects is more acceptable to the public.

In 1990, NW Energy Corp., an independent power producer, negotiated a twenty-five year contract with B.C. Hydro. Construction of the $150 million co-generation plant began in Williams Lake in the spring of 1991 and is to be completed and in production by April 1993. This plant will generate sixty megawatts of power,

enough to support a city three times the size of Williams Lake. It will also generate thirty permanent jobs.

CELEBRATE SUCCESS

Municipal Council and the Flyash Abatement Committee plan to hold a celebration to mark the opening of the co-generation plant.

For more information, contact:

Roger Venables
125 Stevens Crescent
Penticton, B.C. V2A 8A4
Phone: (604) 492-7240

Hugo C. Stahl
Economic Development Officer
City of Williams Lake
450 Smart Street
Williams Lake, B.C. V2G 1N3
Phone: (604) 392-2311
FAX: (604) 392-4408

RICHMOND

A STORY ABOUT HEALTHY PUBLIC POLICY

This is the story of how a nurse influenced Richmond City Council to adopt a bylaw that will help prevent the development of Fetal Alcohol Syndrome (FAS) in children.

COMPONENTS OF SUCCESSFUL POLICY-MAKING

The champion of the cause was a public service employee, who was inspired to take on a special project.

IDENTIFY THE HEALTH ISSUE

In 1989, Areta Stewart, a Community Health Nurse for the City of Richmond, attended a conference on Fetal Alcohol Syndrome. She left the conference determined to decrease the occurrence of FAS in her own community.

A woman who drinks alcohol during her pregnancy exposes her child to the risk of FAS. Children with FAS have poor prenatal and postnatal growth, characteristic facial features, a small head and brain, mild to moderate mental disability, and an irritable personality. Children with mild FAS may exhibit only some of these symptoms, such as behaviour problems or learning disabilities. It is estimated that about 1 to 3 children for every 1000 births are affected by FAS in B.C. (B.C. Medical Journal, Volume 32, Number 2, February, 1990).

FIND NEW PARTNERS FOR HEALTH

The champion was supported by her co-workers and was allocated the time required to do the homework and put together a comprehensive proposal.

Areta was successful in getting the support of her supervisor, her department director, and the Medical Health Officer for Richmond. She prepared a proposal on the "Designated Mothers Project" for submission to the Ministry of Labour and

Consumer Services, which provided the Richmond Health Department with a Community Action Program (CAP) grant of $15,000 in January 1990.

FORM A WORKING GROUP

Upon receipt of funding, a Steering Committee was assembled to oversee the project. It was chaired by Areta Stewart and included representation from the Richmond Health Department, Youth Services, the Ministry of Social Services and Housing, Alcohol and Drug Programs, the Neighbourhood Pub Owners Association, and a local paediatrician. The Committee met monthly for the duration of the project.

The working group included indviduals and representatives from agencies involved with FAS, and a representative of the businesses affected by the by-law.

SET GOALS

The Steering Committee's primary goal was to reduce the incidence of FAS in the community. It planned to achieve this by increasing awareness of FAS amongst the general community, local physicians, the beverage retailers, and amongst pregnant women themselves. Another of its goals was to have legislation passed that would make posting of warning signs mandatory where all alcoholic beverages were sold.

The working group had a strong sense of its mission, and was well-organized in its approach.

DEVELOP ACTION PLANS

The Richmond Health Department provided Areta Stewart one half-day per week to work on the project. She developed a teaching manual for use by the Community Health Nurses and prenatal instructors. She

The teaching manual presented information in a manner meaningful to its audience.

The message was delivered in a format easy to understand, like posters and decals.

also assembled an information package on FAS which included a poster and decal designed by herself (See Figure 4).

FIGURE 3
FETAL ALCOHOL SYNDROME DECAL
DEVELOPED BY THE RICHMOND HEALTH DEPARTMENT

BUILD COMMUNITY CONSENSUS

Steering Committee members took the information package back to their various organizations. Information packages were also sent to:

- ☐ B.C. Liquor Distribution Branch
- ☐ B.C. Bar Tenders Institute
- ☐ "Serving it Right" program (compulsory training program for all beverage servers in B.C.)
- ☐ B.C. & Yukon Hotel Association
- ☐ Canadian Airlines Flight Attendant instructors

By involving these organizations, the working group was encouraging a collaborative approach.

The Committee submitted a press release to the local paper and articles on FAS were published in both the B.C. Pub Owners Association publication and the B.C. & Yukon Hotelier magazine.

The media were used effectively.

The Steering Committee requested Dr. Christine Loock of the provincial FAS Resource Group to provide the local doctors with an information update on FAS. This was done at Richmond General Hospital.

Physicians were obvious opinion leaders on FAS, and were in a position to influence women to avoid alcohol during pregnancy.

Students were hired to hand out pamphlets, posters, and decals to all obstetricians and family doctors who delivered babies in Richmond, and to all establishments where alcohol was sold. The students were also involved in monitoring whether the material was displayed in these drinking establishments.

The message was delivered to the community-at-large.

ENACT HEALTH-PROMOTING POLICIES

The homework continued — research suggested that voluntary compliance did not work.

Over time, fewer of the licensed bars and restaurants continued to display the FAS material and warning signs. Therefore, the Steering Committee requested that City Council pass a bylaw requiring mandatory posting of FAS warning signs.

Committee members obtained letters of support for the bylaw from community residents, the local chapter of the Registered Nurses Association of B.C., and a local paediatrician.

Opinion leaders supported the bylaw.

The Committee made a presentation to council in January, 1991, and Richmond became the first municipality in B.C. to pass a bylaw requiring licensed bars and restaurants to post the warning signs. The Minister of Health approved the legislation in July, 1991.

Richmond Mayor Greg Halsey-Brandt said, "The B.C. government has agreed to provide the warning signs free of charge and the bars and restaurants have been quite receptive."

The businesses affected were receptive because social norms around alcohol are changing. Timing was important.

Other municipalities which have adopted or are currently considering similar legislation include Burnaby, Surrey, New Westminster, and Coquitlam.

CELEBRATE SUCCESS

An Appreciation Presentation was held at City Hall. Framed posters were presented by the mayor to all those community members who had participated in the project.

They remembered to take stock, evaluate progress, and reward the team.

For additional information, contact:

Aretta Stewart
Community Health Nurse
Richmond Health Department
Municipal Offices
6911 No. 3 Road
Richmond, B.C. V6Y 2C1
Phone: (604) 276-4050
FAX: (604) 278-5139

FIGURE 4
FETAL ALCOHOL SYNDROME WARNING SIGN
TO BE POSTED IN ALL RICHMOND DRINKING ESTABLISHMENTS
(ACTUAL SIZE: 8" X 8")

WARNING:
Drinking Distilled Spirits, Beer, Coolers, Wine and Other Alcoholic Beverages During Pregnancy Can Cause Birth Defects.
B.C. LIQUOR STORES

TERRACE

A STORY ABOUT HEALTH-PROMOTING POLICY

This is the story of how high school students in Terrace learned about alcohol abuse and delivered a message about teenagers and alcohol to their peers.

COMPONENTS OF SUCCESSFUL POLICY-MAKING

The local Medical Health Officer sees an opportunity.

IDENTIFY THE HEALTH ISSUE

David Bowering is the Medical Health Officer for the Skeena Health Unit. A few years ago, he attended a drama performance at his daughter's high school about the difficulties of living through the teenage years. He was impressed by the quality of the production and with the accuracy of the portrayal. It occurred to him that theatre arts might be an effective medium for delivering health promotion messages to teenagers.

The issue is identified by the Medical Health Officer and a school teacher.

FIND NEW PARTNERS FOR HEALTH

David Bowering contacted Brian Koven, the theatre arts instructor at Skeena Secondary School. Brian Koven was receptive to David Bowering's idea, and together they conceived "Project Squeeze", a program designed to express a message about teenagers and alcohol to adolescents through the influence of their peers. They took the idea to the Skeena Health Unit and to the Union Board of Health.

FORM A WORKING GROUP

Project Squeeze was endorsed by the Union Board of Health and in 1988 a Steering Committee was established. The Steering Committee applied for funding from the provincial Alcohol and Drug Community Action Program (CAP), and from the federal Health Promotion Directorate. It was successful in obtaining a total of about $85,000, including $1500 from the community.

They did their homework — a comprehensive proposal was submitted to government agencies for funding.

SET GOALS

The Steering Committee hired a project coordinator, Gail Murray, who worked closely with Brian Koven in developing the program's framework. The Committee's objective was to engage the local high school students in an educational process, by having them learn about alcohol abuse and self-esteem, and write and perform in a play.

Dedicated personnel were hired to undertake and oversee the project.

DEVELOP ACTION PLANS

That fall, two weekend workshops were held for Skeena Secondary School theatre arts students. The first workshop focused on alcohol abuse, the other on self and group awareness. The students proceeded to outline story ideas for plays. Scripts were written up and rehearsals began soon after, continuing throughout the winter months.

The message was delivered to students in a manner they could relate to — in workshops where they were active participants.

The students were actively involved in writing and acting in the plays — they developed ownership of the issue.

The message was delivered through public performances.

The message was videotaped for widespread distribution.

The politicians voted to fund on-going distribution of the videotapes.

SUPPORT PERSONAL SKILL DEVELOPMENT

The students developed two separate productions. Squeeze, a collection of mini-skits, demonstrated the pressures on today's youth to use alcohol. Juice, a full-length drama, depicted the downfall of an average teenager who discovers the disease of alcoholism in herself.

Local public performances of Squeeze and Juice received enthusiastic reviews. The students took the plays on a week-long tour of British Columbia's northwest communities, and were again well received.

ENACT HEALTH-PROMOTING POLICIES

The entire process, from workshops and rehearsals, to performances and tours, was videotaped by a local television station. Three videotapes were produced -- Squeeze, Juice, and Project Squeeze, A Documentary.

The Skeena Union Board of Health retained copyrights to these tapes with no restrictions placed on their use. The Board subsequently distributed the tapes to school district resource centres, regional health units, and alcohol treatment centres throughout British Columbia.

CELEBRATE SUCCESS

A public evaluation forum was held at the end of the school year. Reviews, letters, and responses were extremely positive, and it was concluded that the project had been successful in bringing teenagers together to learn from each other. In fact, the project had been a learning experience for all who had been involved -- teachers, health professionals and, especially, the students.

Following up on the project in 1990, using input from the students involved with Project Squeeze, a 30-second television commercial was produced, with teenagers being the target audience. Distribution of this commercial and the Project Squeeze videotapes is ongoing.

External Element:
Social norms around drinking alcohol are changing. Timing is important.

For additional information, contact:

David Bowering
Medical Health Officer
Skeena Health Unit
3412 Kalum Street
Terrace, B.C. V8G 4T2
Phone: (604) 638-3468
FAX: (604) 638-3492

SURREY

A STORY ABOUT HEALTHY PUBLIC POLICY AND HEALTH-PROMOTING POLICY

This is the story of how a community-based traffic safety committee influenced the District of Surrey to adopt legislation to help stop impaired driving following licensed community events such as beer gardens and ball games.

COMPONENTS OF SUCCESSFUL POLICY-MAKING

IDENTIFY THE HEALTH ISSUE

The champion of the cause was an ICBC employee whose job was to improve traffic safety. He backed up his perceptions with hard data.

The Insurance Corporation of British Columbia (ICBC) has a Traffic Safety Education department staffed by managers of community programs assigned to the various geographic areas in the province. Their job is to work with communities to increase traffic safety and decrease accidents.

In 1986, ICBC assigned Barry Burch to the Surrey/White Rock area. His research of police statistics confirmed the public perception that impaired driving was a significant problem in Surrey.

FIND NEW PARTNERS FOR HEALTH

Politicians were behind the issue from the beginning.

Barry Burch gained the support of Alderman Judy Higginbotham and together they discussed the need to reinforce the drinking/driving message every single time someone bought an alcoholic beverage.

FORM A WORKING GROUP

In 1988 a community-based committee called Traffic Safety For Surrey was formed. ICBC's Barry Burch chaired the committee which had representatives from the RCMP, the School District, Surrey Memorial Hospital, the B.C. Automobile Association, Community Crime Prevention Society, the Motor Vehicle Department, the Insurance Brokers Association, Kwantlen College, and the Leader newspaper.

The working group included many organizations concerned with impaired driving.

SET GOALS

The committee wanted the District of Surrey to exercise leadership regarding the drinking/driving issue. Initially, it suggested the municipality introduce legislation requiring all hotels and pubs to display materials promoting alternatives to drinking/driving. The drinking establishments, however, were resistant to this and the municipality recognized that they would have more leverage in enforcing such a policy if they began with Special Occasion Licenses.

The municipality grants Special Occasion Licenses for both private events, such as weddings, and public events, such as fund-raising functions, beer gardens, and community celebrations, where alcohol is served. Every year, the District of Surrey grants about 4000 Special Occasion Licenses to various groups and community organizations.

The team was clear in its mission and had realistic goals.

They did their homework and developed a proposal for funding from several levels of government.

DEVELOP ACTION PLANS

In 1989 the committee requested funding from the federal Community Action Program on Impaired Driving. It received over $12,000 to design and produce a poster, table tent card, and coaster each depicting a hat full of keys. The message, "Friends Don't Let Friends Drink and Drive", appeared at the top of each piece, and at the bottom were suggestions on how to avoid a drinking and driving situation: (See Figure 5)

- ☐ Refuse to drive with a drinking driver.
- ☐ Be a non-drinking designated driver.
- ☐ Call a taxi or a friend.

FIGURE 5
POSTERS, TABLE TENT CARDS AND COASTERS FOR DISPLAY AT LICENSED EVENTS IN SURREY

ENACT HEALTHY PUBLIC POLICY

In 1990, the District of Surrey passed legislation requiring that these drinking/ driving materials be displayed at all events requiring a Special Occasion License. The Surrey RCMP would distribute these materials during the license acquisition process. The appropriate display of the materials would be a condition of the license.

In addition, event organizers would be required to attend a mandatory evening information session on liability, policing, and server related information.

According to Bill Mercer, Chairperson of the National Community Action Program on Impaired Driving, this is the first project of its kind and is a show piece of effective government and community cooperation. Mercer stated that "This represents one of the most innovative and creative community-based projects to reduce drinking and driving that I have seen. I sincerely hope that other communities take this lesson from Surrey and incorporate a similar plan for Special Occasion Licenses."

The new legislation was the result of a cooperative effort on the part of community groups, the police and government. The team used a collaborative approach.

For additional information, contact:

Tom Grady
Manager - Programs Manager (Surrey)
Insurance Corporation of B.C.
Traffic Safety Education
240 - 151 West Esplanade
North Vancouver, B.C. V7M 3H9
Phone: (604) 661-2215
FAX: (604) 661-6643

CAPITAL REGIONAL DISTRICT

A STORY ABOUT HEALTHY PUBLIC POLICY

This is the story of how the Capital Regional District (CRD) adopted and implemented their new smoking bylaw, one of the most progressive in Canada.

The CRD includes ten municipalities and four electoral areas with a total population of about 292,000 living around Victoria, B.C.

COMPONENTS OF SUCCESSFUL POLICY-MAKING

Health department staff and CRD politicians were involved from the very beginning.

IDENTIFY THE HEALTH ISSUE

In 1987 and again in 1989, the CRD endorsed the World Health Organization (WHO) concept of Healthy Communities and became an active participant in the Canadian Healthy Communities Project. The CRD identified seven broad issues, with seven corresponding task forces, as essential in making the CRD a healthy region. One identified issue was tobacco use.

The working group included members from a wide variety of organizations concerned with smoking.

FORM A WORKING GROUP

The Tobacco Free CRD Task Force included representation from the CRD Health Department, the Victoria Medical Society, the B.C. Cancer Control Agency (Victoria Cancer Clinic), the B.C. Lung Association, the Canadian Cancer Society, the B.C. and Yukon Heart and Lung Foundation, and the Addictions Prevention Project.

SET GOALS

The stated goal of the Tobacco Free CRD Task Force was "that the CRD continue to develop policies to become a tobacco free community by the year 2000". The Task Force hoped to eliminate the use of tobacco products through the development of programs focused on four spheres of activity:

- ☐ protection: to protect the health and rights of non-smokers
- ☐ prevention: to help non-smokers stay smoke-free
- ☐ cessation: to encourage and help those who want to quit smoking
- ☐ monitoring: to monitor use of tobacco products in the CRD and take appropriate action

The working group had a strong sense of mission and well-defined goals.

DEVELOP ACTION PLANS

In November 1989, a subcommittee of the Tobacco Free CRD Task Force reviewed the existing smoking bylaws to consider revisions. The subcommittee surveyed various cities across Canada regarding their smoking control bylaws with special reference to workplace provisions.

They did their homework by surveying bylaws in other cities.

In early 1990, National Non-Smoking Week was heralded with a media event. The CRD Board Chairman signed a proclamation declaring National Non-Smoking Week, and an over-sized cigarette was broken in two.

Media events were used to educate the public.

Newspapers were used to get the word out, and as a mechanism for an open process.

In February, 1990, advertisements were placed in local newspapers informing citizens of proposed changes to the CRD smoking bylaws. Community groups or individuals were invited to write to the Regional Medical Health Officer with suggestions or revisions. The response to the proposed changes was overwhelmingly supportive.

In April, 1990, a draft of the proposed bylaw was presented to the CRD Health Committee. The Committee suggested that the Medical Health Officer continue community consultation with agencies and institutions affected by the bylaw.

Those affected by the bylaw were kept informed and asked for input.

In June, 1990, a revised draft bylaw, together with a letter requesting further input, was sent to a variety of groups and individuals, including chambers of commerce, shopping mall associations, restaurant and foodservices associations, the gaming commission, school districts, transit authorities, post secondary educational institutions, hospitals, extended care facilities, and labour councils.

ENACT HEALTHY PUBLIC POLICIES

The politicians were supportive.

On July 4, 1990, after additional amendments, the "Clean Air Bylaw" was presented to the CRD Health Committee, who recommended its adoption to the CRD Board. The CRD Board adopted the bylaw in November, 1990, and it came into effect in January 1991.

The bylaw states that smoking is prohibited in all parts of all buildings, except for private residences and designated smoking areas. Designated smoking areas are permitted only in extended and long term care facilities, restaurants, licensed premises, bowling alleys, and bingo halls. Workplaces may have a designated smoking area, but only until January 1, 1992, at which time all work places will be completely smoke- free.

Personal service establishments are completely smoke-free, as are public premises including reception areas and lobbies, corridors, stairwells, elevators, escalators, public washrooms, retail stores, shopping malls, hospitals, financial institutions, bus shelters, laundromats, recreation centres, and video arcades.

Signs are required to be prominently posted to indicate non-smoking areas.

PLAN FOR THE FUTURE

The CRD Board decided to rely on voluntary compliance to the bylaw, using fines as a method of enforcement as a last resort for persistent offenders.

Therefore, to ensure public acceptance, the CRD had to continue to educate the public about the dangers of secondary smoke and the rationale for the bylaw.

Several months prior to the bylaw's enactment, the CRD created a contract position, funded by grants from the

The homework continued.

The team was dedicated to successful implementation of the bylaw, and secured funding for paid staff.

provincial and federal governments and the B.C. Lung Association, to assist with implementation of the bylaw.

Information was presented in a format easy to understand, and was available from many sources.

The individual hired developed an informational brochure. Non-smoking signs were designed and printed in cooperation with the B.C. Lung Association. Signs and brochures were made available through all local Community Health Offices, as well as through the office of the Canadian Cancer Society and the B.C. Lung Association.

The media were used effectively.

The CRD promoted the bylaw through newspaper articles and radio and television interviews.

Dissemination of information was widespread.

In December, 1990, one month prior to the bylaw's enactment, an information package containing the brochure and other educational materials was sent to 12,000 businesses throughout the CRD, via an unaddressed mailing through Canada Post.

Also in December 1990, an Environmental Health Education Office, staffed by a full-time health educator and a half-time clerk typist, was set up to answer questions and provide information. In January 1991, this office received over 350 phone calls, of which only 4% were complaints about the bylaw itself. Throughout January, the office distributed 125 packages of signs as well as over 1000 additional brochures.

The team again recognized that successful implementation would require dedicated personnel with the time and resources to follow through.

CELEBRATE SUCCESS

The new bylaw was celebrated during 1991's National Non-Smoking Week with a presentation to the CRD Board by Grade 3 students from a local community school. Representing the Smoke-Free Class of the Year 2000, the children presented hand-made non-smoking buttons to members of the Board and the media. The students also created a non-smoking mural which hangs in a permanent location in the Capital Regional District Building.

External Element:
Social norms around smoking are changing, due to concerted effort by many organizations.

For additional information, contact:

Stephen Eng
Environmental Health Educator
CRD Health Department
#2-2631 Quadra Street
Victoria, B.C. V8T 4E2
Phone: (604) 360-1450
FAX: (604) 360-1504

CONCLUSION

On the previous pages, we have presented case studies of communities successful at implementing health-promoting policies.

The local policies we described focused on different issues (e.g., smoking bylaws, traffic safety, alcohol abuse, and the environment), and the actions required to implement the policies were varied. However, several factors were common to all the stories. Each community's experience included most of the following "components of successful policy-making":

- ☐ a champion of the cause — someone to identify the issue and initiate the process.
- ☐ a formal working group to undertake the central tasks and keep the process going.
- ☐ a well-defined issue supported by facts — they did their homework.
- ☐ a collaborative approach — no one was excluded from the process. The importance of the team was recognized.
- ☐ politicians supportive of the issue. If public policy is the goal, then, by definition, the active involvement of politicians is required.
- ☐ supportive municipal or other public service staff prepared to assist in gathering information and in presenting the case to their elected officials.
- ☐ opinion leaders convinced of the importance of the issue who were instrumental in influencing the community-at-large.
- ☐ the media as a partner for exchanging information and educating the public.
- ☐ an issue that was of importance to the community-at-large, presented in a way that was meaningful to the public.
- ☐ external elements that worked to their advantage, whether they were policies adopted by other levels of government, or a favourable political climate.
- ☐ good timing.
- ☐ the ability to take stock, evaluate progress, and change direction if required.

Remember that these communities also had good luck. If you run into road blocks, use them to learn and move forward. All of these communities suffered setbacks along the way. However, in recounting their experiences, many members of the various teams simply forgot about the strategies that did not work. Consequently, the stories do not reflect the degree to which the teams had to try different strategies to move the process along.

We hope you will find this guide helpful as you work to build healthy communities through health-promoting policies.

APPENDIX 1
GUIDES TO THE POLICY-MAKING PROCESS

Advocacy: The Process
A Resource in Support of Canadians With a Disability, 1990
The Active Living Alliance for Canadians with a Disability
Suite 312, 1600 James Naismith Drive
Gloucester, Ontario K1B 5N4
(613) 748-5747

The Canadian Healthy Communities Project Workbook, 1991
The Canadian Healthy Communities Project, sponsored by:
Canadian Institute of Planners
Federation of Canadian Municipalities
Canadian Public Health Association
126 rue York Street, Suite 404,
Ottawa, Ontario K1N 5T5
(613) 233-1617

Critical Paths: Organizing on Health Issues in the Community, 1989
by Jennifer Keck, Henriette Dauphinias, and John Lewko
Between the Lines
203-394 Euclid Avenue
Toronto, Ontario M6G 2S9

Every voice counts: a guide to personal and political action, 1989
by Penney Kome for:
Canadian Advisory Council on the Status of Women
110 O'Connor Street, 9th Floor
Box 1541, Station B
Ottawa, Ontario K1P 5R5
(613) 992-4976

How to Promote Traffic Safety in the Community:
A step-by-step guide, 1988
Insurance Corporation of British Columbia (ICBC)
Traffic Safety Education Department
151 West Esplanade
North Vancouver, B.C. V7M 3H9
(604) 661-6651